MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 660

CERTIFICATE OF DEATH

05960

1. PLACE OF DEATH:
(a) County Dorchester
(b) City or town Fairmount - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 52 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town Rhodesdale - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Benjamin Franklin Allen

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary Allen
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1859

8. AGE: Years 79 | Months 11 | Days 25 | If less than one day ____hr. ____min.

9. Birthplace Wicomico County, Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Anne Allen
15. Birthplace Wicomico County Maryland

16 (a) Informant Mrs. Eleanor Trinidad
(b) Address Rhodesdale, Md., R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1939 (month) (day) (year)
(c) Cemetery or crematory Corbesburg Cemetery
Location Corbesburg, Maryland

18 (a) Funeral director J. T. Trumpbour & Son
(b) Address Federalsburg, Maryland

19 (a) June 30-39 (Date rec'd by registrar) (b) Chas. W. Hastings Registrar

MEDICAL CERTIFICATION

20. Date of death June 29 1939, at 6:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1939, to June 30 1939, and that I last saw him alive on June 26 1939.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature K. G. Rogers, M. D. or other
Address Rhodesdale Date signed 7-1-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

05961

V. S. No. 1 (M) (I) (T)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Aurelia N. Banks. If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Wicomico Co. Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	Unknown	Unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home.

10. Date deceased last worked at this occupation (month and year) Feb. 1404

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Wicomico City.
(State or country) Maryland.

FATHER

13. NAME William Banks.

14. BIRTHPLACE (city or town) Wicomico Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Andersen

16. BIRTHPLACE (city or town) Wicomico Co.
(State or country) Maryland.

17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury, Md. Date June 14, 1939

19. UNDERTAKER Hill and Johnson
(Address) Salisbury, Maryland

20. FILED 6-12, 1939 John Meade Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 19 39 to June 12, 19 39
I last saw h... alive on June 11, 19 39; death is said to have occurred on the date stated above, at 5:55 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	June 7-39
Chronic myocarditis and myocardial degeneration	Sept-37
Other Contributory Causes of Importance: Epilepsy.	1894

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Kenneth B. Jones M. D.
(Address) Eastern Shore State Hospital

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05962

STATE OF MARYLAND—CERTIFICATE OF DEATH

(181)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Toddville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Beaudoin

(a) Residence: No. Portsmouth Va St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 9-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jos. A. Beaudoin

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Thelma Lee Delk

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Jos. A. Beaudoin Portsmouth, Va

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth, Va Date 6-18, 1939

19. UNDERTAKER (Address) John G. S. Le Compte Cambridge, Md

20. FILED 6-18, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw him alive on —, 19—; death is said to have occurred on the date stated above, at 3-30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Burned to death in fire of auto trailer. The trailer was not in motion. Date of onset Jun 16

Other Contributory Causes of importance: The trailer was being used as a home, on side of road, at time of fire. C.W.G.R.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury Jun 16, 1939

Where did Injury occur? Toddville Md (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. county road - nr. Kirmi & Fitzhugh Store

Manner of Injury gasoline explosion

Nature of injury Burned

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jos. K. Shriver D.M.E. M.D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05963

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Cambridge-Maryland Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 3 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thelma Lee Beaudoin

(a) Residence: No. Portsmouth Va. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. A. Beaudoin

6. DATE OF BIRTH (month, day, and year) Oct. 14 - 1915

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
23	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Shelly Delk -

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ida Carey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Jos. A. Beaudoin Portsmouth Va. Rt 2

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth, Va. Date 6-18th, 1939

19. UNDERTAKER (Address) G. S. Le Compte Camb. Md.

20. FILED 6-17th, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__; I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at 7-48 m P

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Burns - 2nd & 3rd degree of body & face	June 16

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jun 16 1939

Where did injury occur? Toddville Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. on count road - nr. Kirwin & Fitzhugh's Store

Manner of injury fire in trailer - gasoline explosion

Nature of injury burns of body & face

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. K. Shriver D.M.E. M.D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05964

CERTIFICATE OF DEATH (131)

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Taylors Island
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 68 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Taylors Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Punch Island Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bernard B. Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gertrude James

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 6\16\1870

8. AGE: Years	Months	Days	If less than one day
68	11	19	hrs. min.

9. Birthplace Taylors Island
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John R. Brown
13. Birthplace Maryland

MOTHER 14. Maiden name Sarah E. Stoffelfoot
15. Birthplace Maryland

16. Informant John Brown
Address Taylors Island

17. Burial Date thereof 6 7 39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Brick Chapel Cemetary
Location Taylors Island

18. Funeral director Granville LeCompte
Address Cambridge, Maryland

19. June 6 1939 J R Reed
(Date rec'd by registrar) Registrar

real 13

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1939, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to June 5 1939, and that I last saw him alive on May 20 1939.

Immediate cause of death	DURATION
Uraemia	1 wk.
Cataracts Interstitial Nephritis	5 yrs
Due to	
Due to Hypertension	5 yrs
Other conditions Chronic Myocarditis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. R. K. Shriver
M. D. or other
Address Cambridge Date signed June 6 39

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BUREAU V. S.

05965

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (107-a)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Camper If U. S. Veteran, specify WAR

(a) Residence: No. 218 Cedar St., Ward.

(Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) May 25 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Allen Camper

14. BIRTHPLACE (city or town) (State or country) Bucklawn Dorchester Co Md

MOTHER

15. MAIDEN NAME Lillie Cooper

16. BIRTHPLACE (city or town) (State or country) Airey Md

17. INFORMANT (Address) Lillie Cooper Camper. Airey Md

18. BURIAL, CREMATION, OR REMOVAL

Place Airey Md Date June 6, 1939

19. UNDERTAKER (Address) Lewis H. Bayneum Cambridge, Md

20. FILED 6-6, 1939 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 2, 1939 last saw him alive on June 1, 1939; death is said to have occurred on the date stated above, at 5:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneum (Primary)	5-29-39

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Carroll M St Clair M. D.

(Address) Pine & Cedar Sts

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05966

MARGIN RESERVED FOR BINDING

V. S. No. (T)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (825a) CB

County Dorchester Registration Dist. No. 116

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stanford Calaxton If U. S. Veteran, specify WAR

(a) Residence: No. Norfolk Va. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Clayton

6. DATE OF BIRTH (month, day, and year) 1892

7. AGE	Yeers	Months	Deys	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date daceesad last worked at this occupetion (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (Stete or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (Steta or country)

17. INFORMANT William Schofield (Address) Hurlock — Md

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date 6/16/1939

19. UNDERTAKER Edward Hatcher (Address) Norfolk Va.

20. FILED 6-17 1939 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 16 (Month) (Day) 1939 (Yeer)

22. I HEREBY CERTIFY, Thet I attandad deceased from ..., 19..., to ..., 19...

I lest saw h... alive on ..., 19..., death is said to heve occurred on the dete steted ebove, et 5:30 A. m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	June 16
Stricken and died in a few minutes.	
Other Contributory Causes of Importence	

Neme of operation none Date of

What test confirmed diagnosis? history Wes there en au'opsy? No

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, sulcide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Was disease or injury in any way related to occupetion of deceased? No

If so, specify

(Signed) Jno. K. Shriver D. M. D.

(Address) Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. ...

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by motor car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05967

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Allison If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Talbot Co. Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	Unknown	Unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Talbot County
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Hospital Records, Eastern Shore State Hosp.
(Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Date June 16, 1939

19. UNDERTAKER Kennett Stevenson
(Address) Cambridge Md.

20. FILED 6-15-, 1939 John Meade Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to June 14, 1939

I last saw her alive on June 13, 1939; death is said to have occurred on the date stated above, at 4:58 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Prior to
and Myocardial Degeneration	Nov. 1938
	Prior to
Arteriosclerosis	Nov. 1911
Other Contributory Causes of importance:	
	Prior to
Dementia Praecox	1911

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Kennett B. Jones M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05968

(159)

1. PLACE OF DEATH

County DORCHESTER. Registration Dist. No. 116

Village or City CAMBRIDGE No. CAMBRIDGE MARYLAND HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME BABY GIRL CONDON. If U. S. Veteran, specify WAR no

(a) Residence: No. R7D#3 CAMBRIDGE, Md. St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NO.

6. DATE OF BIRTH (month, day, and year) JUNE 1. 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. INFANT.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) CAMBRIDGE R7D#3. (State or country) MARYLAND.

FATHER

13. NAME JAMES MELVIN CONDON.

14. BIRTHPLACE (city or town) CAMBRIDGE R7D#3 (State or country) MARYLAND.

MOTHER

15. MAIDEN NAME VIRGINIA LAMPRIN EWELL

16. BIRTHPLACE (city or town) ELLIOTTS (State or country) MARYLAND.

17. INFORMANT JAMES ELMER CONDON. (Address) CAMBRIDGE MARYLAND.

18. BURIAL, CREMATION, OR REMOVAL Place James Md Date 6/6, 1939

19. UNDERTAKER G. S. LaCompte (Address) Cambridge, Md

20. FILED 6-6, 1939 John Moore Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JUNE (Month) 6. (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw her elive on JUNE 6, 1939; death is said to have occurred on the date stated above, at 2:50 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset

INANITION.

Other Contributory Causes of importance: PREMATURITY. (6 MOS GESTATION)

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? NO.

23. If death was due to external causes (VIOLENCE) fill in also the following: NO.

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify ____

(Signed) [signature] M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05969

STATE OF MARYLAND—CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (82-0)

County Worcester Registration Dist. No. 111

Village or City Thompson Town No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Cornish If U. S. Veteran, specify WAR

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cornish.

6. DATE OF BIRTH (month, day, and year) aug 13 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harry Cornish

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emily Johns

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Annie Cornish East New Market

18. BURIAL, CREMATION, OR REMOVAL Place Thompson Town, Date July 1, 1939

19. UNDERTAKER H. H. Wallenghby (Address) East New Market

20. FILED July 1, 1939 H. E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/15/37, 19..., to 5/15/38, 19...; I last saw h... alive on 5/15/38, 19...; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + Apoplexy	
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G Roger Myers M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05970

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Emma Crouse If U. S. Veteran, specify WAR ____

(a) Residence: No. Ridgely Md. St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Daniel K. Crouse

6. DATE OF BIRTH (month, day, and year): August 24, 1862

7. AGE: Years 76 | Months 9 | Days 23 | If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Abraham Gibbel

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah Deben

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Hospital Records Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Denton Date: June 20, 1939

19. UNDERTAKER (Address): J. Virgil Moore Denton, Md.

20. FILED 6-17, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939, to June 17, 1939

I last saw her alive on June 17, 1939; death is said to have occurred on the date stated above, at 7.50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and myocardial Degeneration	Unknown
Chronic Nephritis	"
arteriosclerosis	"

Other Contributory Causes of importance:

Pneumonia (hypostatic terminal)	June 16

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05971

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Cambridge-Maryland Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Earl Cusick (Still born) If U. S. Veteran, specify WAR ____

(a) Residence: No. Crapo, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARTIN CORPORATION

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, dey, end year) June 26 - 1939

7. AGE Years	Months	Oeys	If LESS than 1 day, ____ hrs. or ____ min.
Still Born			

OCCUPATION

8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Still Born

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed last worked et this occupetion (month end year) ____

11. Totel time (yeers) spent in this occupation ____

12. BIRTHPLACE (city or town) Cambridge. (State or country) Maryland

FATHER

13. NAME Edgar Albert Cusick

14. BIRTHPLACE (city or town) Golden Hill (Stete or country) Maryland.

MOTHER

15. MAIDEN NAME Edna Virginia Bradford

16. BIRTHPLACE (city or town) Crapo, Md. (State or country) Maryland.

17. INFORMANT Edgar Cusick (Address) Crapo, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Crapo, Md. Date 6-27, 1939

19. UNDERTAKER Edgar Cusick (Address) Crapo, Md.

20. FILED 6-29, 1939 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 26 (Dey), 1939 (Yeer)

22. I HEREBY CERTIFY, Thet I attended deceased from June 26, 1939, to June 26, 1939.

I last saw him alive on June 26, 1939; death is seid to heve occurred on the dete steted ebove, at 11:10 a.m.

The **PRINCIPAL CAUSE OF DEATH** end releted ceuses of Importance were es follows:

	Date of onset
Difficult Labor	June 26/39
Other **Contributary Cauees** of Importence:	

Name of operation Version & Breech Dete of 6/26/39

What test confirmed diegnosis? ____ Wes there en aulopsy? ____

23. If deeth was due to externei ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Dete of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Neture of Injury ____

24. Wes disease or injury in eny way related to occupetion of deceased? no

If so, specify ____

(Signed) James D. Meade M. D.

(Address) Fishing Creek, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days): –

Stay in this community (yrs., or mos., or days): 60 –

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: – Trenton St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No –

3. (a) FULL NAME: Edward Everett Dodson

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary N Mac Claim

6 (c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): 8-25-1860

8. AGE: Years: 78 Months: 9 Days: 11 If less than one day: ____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Waterman Retd

11. Industry or business:

FATHER

12. Name: Thomas Dodson

13. Birthplace: Va

MOTHER

14. Maiden name: Frances Blackely

15. Birthplace: Va

16. Informant: Mrs Augustus Bell

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/9/39 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge Md

18. Funeral director: G S Le Compte

Address: Cambridge Md

19. 6-4 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1939, to June 6 1939 and that I last saw him alive on June 6 1939.

Immediate cause of death: Cachexia from Hodgkins Disease

Due to: Cancer

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no operation

Of autopsy: no

DURATION: ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: Wylie M Law M. D. or other

Address: Cambridge Md Date signed: June 9/1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05973

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Cambridge - maryland Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 10 hours.
Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Braeuble's Grove.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alfred Easom

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	Single

6 (b) Name of husband or wife — Single

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) month - day unknown 1900

8. AGE: Years 39 | Months ? | Days ? | If less than one day ____ hrs. ____ min.

9. Birthplace Norfolk, Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Chas. Easom
13. Birthplace North Carolina

MOTHER
14. Maiden name Maggie Powell
15. Birthplace No. Carolina

16. Informant Chas. Easom.
Address Kelsom, N. C..

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 1939 (month) (day) (year)
Cemetery or crematory Santa Branch, N.C.
Location Burtee Co.

18. Funeral director Lewis H. Bayneum and T. G. Bishop
Address Cambridge, Md. Buckhannon N. C.

19. 6-9 (Date rec'd by registrar) 18. 39 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1939, at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1939, to June 7 1939, and that I last saw him alive on June 7 1939.

Immediate cause of death	DURATION
Pneumonia	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John Mace Jr. M. D. or Other
Address Cambridge Md. Date signed 6/12/39

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JUL 5 1933
BUREAU V. S.

05974

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 112

Village or City Elliotts No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Ewell. If U. S. Veteran, specify WAR

(a) Residence: No. Elliotts. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5e. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Agnes Ewell

6. DATE OF BIRTH (month, day, and year) Jan 7, 1879

7. AGE Years 60 Months 5 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Oysterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wesley Ewell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margret Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Howard Ewell (Address) Elliotts Md

18. BURIAL, CREMATION, OR REMOVAL Place Elliotts Md Date July, 1939

19. UNDERTAKER H. H. Willoughby (Address) East New Market

20. FILED June 20, 1939 Elizabeth H. Craft Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1939, to June 29, 1939. I last saw him alive on May 2, 1939; death is said to have occurred on the date stated above, at 11:00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage. Right.	?

Other Contributory Causes of importance: Pellagra.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05975

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge, R. # 3
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Brick Yard Road
Stay in hospital or inst. (yrs., or mos., or days): 2 months.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Cambridge R. # 3. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Brick Yard Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Florence Gladys Fletcher

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	single

B (b) Name of husband or wife: ~~xxxx~~

B (c) If alive, give age: years

7. Birthdate of deceased (mo., day, yr.): ~~Mar 28th~~ Apr 6th, 1939

8. AGE:

Years	Months	Days	If less than one day
	2	28	hrs. min.

9. Birthplace: Cambridge, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: --

FATHER
12. Name: Dennis Fletcher
13. Birthplace: Cambridge, Md.

MOTHER
14. Maiden name: Frances Marshall
15. Birthplace: Virginia

16. Informant: Dennis Fletcher
Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2nd, 1939 (month) (day) (year)

Cemetery or crematory: Bethel Cem.
Location: Cambridge, Maryland.

18. Funeral director: Lewis H. Bayenum
Address: Cambridge, Md.

19. 7-1 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30th, 1939 at 12N. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1939, to June 30, 1939, and that I last saw h-er alive on June 29, 1939.

Immediate cause of death: Acute Gastro Enteritis — DURATION: 7 days

Due to:

Due to:

Other conditions: None.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Frederick Simmons M. D. or other
Address: Cambridge, Md. Date signed: July 1, 1939

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05976

CERTIFICATE OF DEATH (3)

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Hurlock (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Hurlock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jack Fletcher

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 5, 1939

8. AGE: Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace: Hurlock, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Milborn Fletcher

13. Birthplace: Hurlock, Md.

MOTHER

14. Maiden name: Leola Farrow

15. Birthplace: Hurlock, Md.

16. Informant: Milborn Fletcher

Address: Hurlock Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5 1939 (month) (day) (year)

Cemetery or crematory: Washington

Location: Hurlock Md

18. Funeral director: Milborn Fletcher Father

Address: Hurlock Md

19. June 5 1939 (Date rec'd by Registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death: Stil born

DURATION

Due to: Milk sick

Due to: Medical attention

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas W Hastings M. D. or other

Address: Hurlock Md Date signed June 5 39

Stillb.

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JUL 25 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05977

(173)

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Cambridge-Maryland State Hospital — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mamie Francis

(a) Residence: No. 11 Phillips St St., Ward.

(Usual place of abode) If nonresident give city or town and State

BUREAU COPY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Col.	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, dey, and yeer): Jan 9-1912

7. AGE	Yeers	Months	Deys	If LESS then 1 day, hrs. or min.
	27	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: house

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: William Collins

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Rosie Savage

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cassawango, Va. Date 6-26, 1939

19. UNDERTAKER: Lewis H. Bampequin (Address) Saunders Funeral Director, Cassawango, Va.

20. FILED 6-23, 1939 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from — , 19 , to — , 19

I last saw her alive on June 19, 1939; death is said to have occurred on the date stated above, at 10-5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pistol-shot wound of Chest and Abdomen	June 19

Other ~~Contributory Causes~~ of importance:

Puncture wounds of Left Lung — stomach — transverse colon and small intestine

Name of operation Laparotomy — Date of June 19

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury June 19, 1939

Where did injury occur? Cambridge Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Private home — 14 Center St.

Manner of injury Puncture wounds of chest & abdomen

Nature of injury Pistol shot

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas. K. Shreves D. M. E. M. D.

(Address) Cambridge Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05978

(93-C)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 110

Village or City Reliance Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. 21 ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME William Edward Handy If U. S. Veteran, specify WAR

(a) Residence: No. Reliance Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED (write the word)~~
Male	White	Widowed

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Sarah E. Handy

6. DATE OF BIRTH (month, day, and yaar) Nov. 6th 1857

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
81	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data decaasad last workad at this occupation (month and year) One year

11. Total tima (yaars) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) (Stata or country) Delaware

FATHER

13. NAME John G. Handy

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Ann Burley

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Susan E. Handy

(Address) Seaford R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Placa Seaford Data June 15th 1939

19. UNDERTAKER M. L. Watson & Sons

(Addrass) Seaford Dela

20. FILED June 14, 1939 Chas W Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 13th, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attandad dacaasad from Dec, 20, 1938, to June 13, 1939

I last saw h[illegible]aliva on June 9, 1939; daath is said to have occurred on the date stated above, at 3.15 A.m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causas of importance ware as follows:

	Data of onset
Thrombosis coronary artery	
Other **Contributory Causes** of Importanca:	
arterio sclerosis	

Neme of operetion Date of

What tast confirmad diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way relatad to occupation of dacaased? no

If so, specify

(Signad) [illegible] M. D.

(Addrass) Seaford Del

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

M.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(I)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05979

(53A)

CERTIFICATE OF DEATH

Reg. Dist. No. 114

1. PLACE OF DEATH:

County Dorchester

City or town Wingates, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Wingates, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma F. Hayward

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Erastus M. Hayward

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 5-30-1860

8. AGE: Years: 79 | Months: | Days: 8 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Andrews, Maryland (Dar)

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: John Wanderly

13. Birthplace: Pennsylvania

MOTHER

14. Maiden name: Louise Denny

15. Birthplace: Andrews, Maryland

16. Informant: Arsby Thomas

Address: Wingates Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 (month) 10 (day) 39 (year)

Cemetery or crematory: Green Lawn

Location: Cambridge, Maryland

18. Funeral director: Granville Le Compte

Address: Cambridge, Maryland

19. June 10 1939 (Date rec'd by registrar) Mrs H. J. Cusick Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18, 1938, to June 8 1939, and that I last saw her alive on June 6 1939.

Immediate cause of death: Not determined accurately. Had severe pain - Liver was enlarged - stools clay colored - urine contained blood

Due to: Two years had paralysis agitans. (over)

Due to: (over)

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy

DURATION: 1 wk 2 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John Schneider M.D. M. D. or other

Address: Cambridge, Md Date signed June 9, 193

The enlarged liver ~~this~~ may have been metastases from a carcinoma. Location of primary growth not found. With blood in urine the carcinoma may have been in the Kidney.

She may also have had a thrombus of the portal vein.

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BUREAU V. S.

05980

STATE OF MARYLAND—CERTIFICATE OF DEATH

(M)

1. PLACE OF DEATH (98-C)

County Dorchester Registration Dist. No. 116

Village or City Linkwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Prickett Hollies If U. S. Veteran, specify WAR

(a) Residence: No. Linkwood St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE Colored

5. ~~SINGLE~~ MARRIED, ~~WIDOWED~~, OR DIVORCED (*write* the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Martha Hollies

6. DATE OF BIRTH (month, day, and year) July 20 1858

7. AGE Years 81 Months 11 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Fork neck

FATHER

13. NAME Jasper Hollies

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Millie Pider

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Marah Bordell Linkwood Md

18. BURIAL, CREMATION, OR REMOVAL Place Fork neck Date June 9, 1939

19. UNDERTAKER (Address) Lewis H Bauman Cambridge Md

20. FILED 6-8, 1939 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 7 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Feb 14, 1939

I last saw him alive on Feb 14, 1939 death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1
Other Contributory Causes of importance: Arterio sclerosis	2

Name of operation None Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Schneider M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05981

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (82-a)

County Cambridge Dorchester Co. Registration Dist. No. 112

Village or City Cambridge R.F.D. 2 No. (Griffiths Neck) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town whara death occurred ...yrs. ...mos. ...ds. How long in U.S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jennie C. Hughes If U. S. Veteran, specify WAR

(a) Residence: No. Cambridge R.F.D. 2 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Elijah Hughes

6. DATE OF BIRTH (month, day, and year) July 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and yaar)

11. Total tima (yaars) spant in this occupation

12. BIRTHPLACE (city or town) (State or country) Brookview Dorchester Co.

FATHER

13. NAME John Spencer

14. BIRTHPLACE (city or town) (State or country) Dorchester Co.

MOTHER

15. MAIDEN NAME Elizabeth Campbell

16. BIRTHPLACE (city or town) (State or country) Dorchester Co.

17. INFORMANT Mrs. Speddan Hughes (Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place East New Market Date June 11, 1939

19. UNDERTAKER Frank E. Albaugh (Address) Cambridge Md

20. FILED June 10, 1939 Elizabeth M. Lecates Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 27 1939 to June 9, 1939

I last saw her alive on June 9, 1939; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other Contributory Causes of importance: Paralysis preventing nourishment, bowel impairment and other eliminations.	

Name of operation ... Date of ...

What tast confirmed diagnosis? ... Was thare an autopsy? ...

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was diseasa or injury in any way ralatad to occupation of deceased? ...

If so, specify ...

(Signed) Edward E. Lankford, M.D.

(Address) Vienna Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: High St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62-6-17

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mary Land County Dorchester

City or town Cambridge Md Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. High St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Ward War

3. (a) FULL NAME Esther LeCompte James

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 10-31-1876

8. AGE: Years 62 | Months 6 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation Chief Nurse "Nady"

11. Industry or business

FATHER 12. Name Daniel N. James

13. Birthplace Md

MOTHER 14. Maiden name Sophia LeCompte James

15. Birthplace Md

16. Informant Mrs Careton Deacon

Address Cambridge Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 6/10/39 (month) (day) (year)

Cemetery or crematory Christ Church

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 6-10 1939 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1939, at 3:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1938, to June 8th 1939, and that I last saw her alive on June 8th 1939.

Immediate cause of death: Terminal Pneumonia — DURATION: 5 days

Due to

Due to

Other conditions: Amoebic Dysentery

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Lida O. Meredith M. D. or other

Address Cambridge, Maryland Date signed June 10th 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

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JUL 5 1989
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05983

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 234 High Street
Stay in hospital or inst. (yrs., or mos., or days): --
Stay in this community (yrs., or mos., or days): --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge, Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 234 High Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

WITHIN CORPORATE LIMITS

3. (a) FULL NAME: Stillborn Johnson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	single

6 (b) Name of husband or wife: -----
6(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): June 5th, 1939

8. AGE: Years | Months | Days | If less than one day: Still born ---hrs. ---min.

9. Birthplace: Cambridge, Mayland.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: --

FATHER
12. Name: James Wilford Cornish
13. Birthplace: Cambridge, Md.

MOTHER
14. Maiden name: Helen Johnson
15. Birthplace: Philadelphia, Pa.,

16. Informant: Helen Johnson
Address: 234 High St. Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6, 1939 (month) (day) (year)
Cemetery or crematory: Bethel
Location: Cambridge, Md.

18. Funeral director: Jas. Wilford Cornish (Father)
Address: Cambridge, Md.

19. 6/6/39 (Date rec'd by registrar) 19 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5th 19 39, at 10.30 P. M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Not at all 19 to 19, and that I last saw h alive on Not at all 19.

Immediate cause of death	DURATION
Stillborn- 4 mos.	
Due to (Cause unknown)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of: -- -
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Mace Jr. M.D. (M. D. or other)
Address: Cambridge, Md. Date signed 6/6/39

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JUL 5 1939
BUREAU V. S.

05984

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Dorchester Registration Dist. No. 110

Village or City ~~Mt Federalsburg~~ No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Still born Johnson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. ~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Still born

6. DATE OF BIRTH (month, day, and year) June 3 – 39

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Still born

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Samuel O. Johnson

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

MOTHER

15. MAIDEN NAME Thelma Bradley

16. BIRTHPLACE (city or town) (State or country) Dor. Co. Md.

17. INFORMANT Father (Address) Federalsburg

18. BURIAL, CREMATION, OR REMOVAL

Place On Farm, Date June 30, 1939

19. UNDERTAKER Samuel O. Johnson Father (Address) Federalsburg Md

20. FILED Aug 7, 1939 Chas W Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still born June (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to , 19

I ~~last saw h~~ alive on , 19 ; death is said to have occurred on the date stated above, at 6 30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Still born

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. G. Grayson M. D.

(Address) Hillsboro

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8
BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31)

05985

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 322 West End Avenue
Stay in hospital or inst. (yrs., or mos., or days) X
Stay in this community (yrs., or mos., or days) 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 322 West End Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR X

3. (a) FULL NAME Margaret E. Matthews

3. (b) Social Security Number X

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John S. Matthews
6(c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) 9-20-1857

8. AGE:

Years	Months	Days	If less than one day
81	8	11	hrs. min.

9. Birthplace Northumberland Co, Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business X

FATHER 12. Name Thomas Madison

13. Birthplace Virginia

MOTHER 14. Maiden name Frances Blakely

15. Birthplace Virginia

16. Informant Mrs. Blanche Matthews
Address Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 3 39 (month) (day) (year)
Cemetery or crematory Green Lawn Cemetary
Location Cambridge
18. Funeral director Granville Le Compte
Address Cambridge

19. 6-3 1939 (Date rec'd by registrar) John Meese Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1939, at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 27 1935, to June 1 1939, and that I last saw h[illegible] alive on June 1, 1939

Immediate cause of death	DURATION
Cerebral Apoplexy	May 28, 1939
Due to Hypertensive Cardio-vascular renal disease	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury none Injured at work? no

23. SIGNATURE Wylie M. Faw M.D
M. D. or Other
Address Cambridge Md Date signed Jan. 2. 1939

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JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05986

1. PLACE OF DEATH

County Secretary Md Registration Dist. No. 110

Village or City Dorchester Co. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred none mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME miscarriage at 6 weeks Mossick If U. S. Veteran, specify WAR

(a) Residence: No. Secretary Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Not determined	W	Miscarriage

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 7, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
miscarriage at 6 wks			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Secretary Md (State or country)

FATHER

13. NAME Moshaie Mossick

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Margt Duncan

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mother (Address) Secretary

18. BURIAL, CREMATION, OR REMOVAL Place By mother Date , 19

19. UNDERTAKER none (Address)

20. FILED 6/7, 1939 Charles Hutchinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from on 6/7/39, to , 19

I last saw him alive on , 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Miscarriage at 6 wks	

Other Contributary Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G Rogers Myers M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 7 1933 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 110

05987

CERTIFICATE OF DEATH

(93-C)

1. PLACE OF DEATH:

(a) County Dorchester

(b) City or town Williamsburg - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution P.O. Hurlock

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Dorchester

(c) City or town Hurlock - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. Skinner's Run
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Rachael Ann Stanley

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Levin Stanley

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1827

8. **AGE:** Years About 112 | Months | Days | If less than one day _____ hr. _____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Elizabeth Stanley
(b) Address Hurlock, Maryland, R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1939 (month) (day) (year)
(c) Cemetery or crematory Skinner's Run Cemetery
Location Near Williamsburg, Maryland

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg, Maryland

19 (a) June 12-39 (Date rec'd by registrar) (b) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. Date of death June 11 1939, at 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1935, to June 10 1939, and that I last saw him alive on June 10 1939.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. K. Knotts M. D. or other

Address Federalsburg, Md Date signed 6/12/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05988

1. PLACE OF DEATH (164)

County Dorchester Registration Dist. No. 112

Village or City Finchville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred # yrs. # mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clifford E. Thawley

(a) Residence: No. Federalsburg (Usual place of abode) St., Ward Caroline Co. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Sallie Thawley

6. DATE OF BIRTH (month, day, and year) Feb. 28-1884

7. AGE Yaars 55 Months 3 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date decaased last worked at this occupation (month and year) —

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Jas. Thawley

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Sarah Fleming

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Ernest Thawley

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hillcrest Cem. Date 6/23/1939

19. UNDERTAKER (Address) C. W. Adams Federalsburg, Md.

20. FILED June 21, 1939 Chas W Heslings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attanded daceased from —, 19 , to —, 19 ; I last saw h— alive on —, 19 ; daath is said to hava occurrad on the date stated above, at — m.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importance ware as follows:

Carbon Monoxide Poisoning - Suicide

Date of onset

Othar Contributory Causes of importence:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to extarnal causas (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? suicide Date of injury Jun 18, 1939

Whare did Injury occur? on county road near Finchville (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. on county road

Menner of injury Carbon Monoxide Poisoning

Nature of injury

24. Was disease or injury in eny way related to occupation of dacaasad? No

If so, specify

(Signed) Jos. K. Shriver - D. M. C. M. D.

(Addrass) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05989

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (31)

County Dorchester Registration Dist. No. 116

Village or City Cambridge R F D 3 No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Annie E Thomas If U. S. Veteran, specify WAR no

(a) Residence: No. Cornersville Md Ward —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of late Wm H Thomas

6. DATE OF BIRTH (month, day, and year) 1-16-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ——hrs. or ——min.
	83	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

FATHER

13. NAME Thomas Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Wright

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Laura Burgess (Address) Cambridge R F D. Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date 6-21, 19 39

19. UNDERTAKER G T LeCompte (Address) Cambridge Md

20. FILED 6-21, 19 39 John Musser R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 19 (Month) (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 15 19 39 to June 15 19 39

last saw her alive on June 15 19 39; death is said to have occurred on the date stated above, at 5.30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Paralysis and insanity	
By "general paralysis" is meant "senile psychosis"	

Other Contributory Causes of importance: old age

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) R G Frazier M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1929
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05990

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 111

Village or City Near E. New Market No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas L. Thompson. If U. S. Veteran, specify WAR

(a) Residence: No. E. New Market Md R.D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	25	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland.
(State or country)

FATHER

13. NAME John W. E. Thompson.

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Susan Jackson.

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Susan Thompson
(Address) East New Market Md

18. BURIAL, CREMATION, OR REMOVAL
Place Thompsontown June 4, 19 39

19. UNDERTAKER H. H. Wallbaughby
(Address) East New Market Md

20. FILED June 4, 19 39 J. E. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 1, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 31, 1939

I last saw him alive on May 31, 1939; death is said to have occurred on the date stated above, at 12.55 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Diabetes Mellitus	
Other Contributory Causes of importance: Acute Nephritis.	5-10-39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. T. S. Kuhlman M. D.

(Address) Thompsontown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8x-a)

05991

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 1 King St Ext
Stay in hospital or inst. (yrs., or mos., or days) 2
Stay in this community (yrs., or mos., or days) 22

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1 King St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

WITHIN CORPORATE LIMITS

3. (a) FULL NAME Eva Mason Todd

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Cleveland R Todd

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-12-1888

8. AGE: Years 51 | Months 3 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace Crapo - Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name Severn D. Mason
13. Birthplace Md

MOTHER 14. Maiden name Jane Thaten
15. Birthplace Md

16. Informant Cleveland R Todd
Address Cambridge Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof 6/9/39 (month) (day) (year)
Cemetery or crematory Dar Mem Park
Location Cambridge Md

18. Funeral director G S Le Compte
Address Cambridge Md

19. (Date rec'd by registrar) 6-9-1939 John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1939, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1939, to June 7 1939, and that I last saw her alive on June 7 1939.

Immediate cause of death Cerebral Apoplexy — DURATION 1 day

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE John Mace Jr. M. D. or other
Address Cambridge Md Date signed 6/8/39

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JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05992

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 16

Village or City Cambridge No. 223 Washington St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred 20 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Susan Jane Shenton

(a) Residence: No. 223 Washington St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widow

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Levin J. Shenton

6. DATE OF BIRTH (month, day, and yaar) June 16-1854

7. AGE Years 85 Months — Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. house

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. —

10. Date dacaasad lest worked at this occupation (month and year) —

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Mills

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME name unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pauline Short (Address) 223 Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date June 22 1939

19. UNDERTAKER S. S. Le Compte (Address) Cambridge, Md.

20. FILED 6-22, 1939 phd mace jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended decaased from , 19 , to , 19

I last saw h alive on , 19 ; daath is said to have occurrad on the data statad above, at 8 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Angina Pectoris	June 19

Othar Contributary Causes of Importance:

Chronic Myocarditis	1938

Name of operation — Date of —

What test confirmad diagnosis? — Was thera an autopsy? No

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? — Data of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disaase or injury in any way ralated to occupation of decaasad? No

If so, specify

(Signed) Jos. K. Shriver—D. M. E. M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05993

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge, Md No. Cambridge Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Wilson If U. S. Veteran, specify WAR

(a) Residence: No. Trappe Md. St., Ward. Talb. Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Wilson

6. DATE OF BIRTH (month, day, and year): April 18, 1900

7. AGE: 39 Years | Months: 2 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): May-39

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Trappe Md.

FATHER

13. NAME: Arthur Pinkney

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Georgia ~~Pinkney~~ Green

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): James Wilson Trappe

18. BURIAL, CREMATION, OR REMOVAL Place: June 30 Date: 1939

19. UNDERTAKER (Address): Maurice E. Newnam & Son Easton

20. FILED: 6-28, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to June 27, 1939

I last saw her alive on June 27, 1939; death is said to have occurred on the date stated above, at 12.15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Exhaustive fever with accompanying meningismus exact cause unknown	About June 4, 1939
Other Contributory Causes of importance: Early latent syphilis	?

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? Refused

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wylie M. Faw M. D.

(Address) Cambridge, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(over)

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and wholesale **merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

6-28-39- Blood culture ~~test~~ as yet unreported.
all agglutination reactions neg.
Blood ~~was~~ ~~re~~ subsequent tests for syphilis Spinal fluid - negative for syphilis. Increased pressure
No increase in cell count.

05994

STATE OF MARYLAND—CERTIFICATE OF DEATH

(82-C)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William W. Wingate If U. S. Veteran, specify WAR

(a) Residence: No. 202 Dunderdale St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Raleigh

6. DATE OF BIRTH (month, day, and year) May 10 1851

7. AGE Years 88 Months 1 Days 8 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wingate Md

FATHER

13. NAME Geo. W. Wingate

14. BIRTHPLACE (city or town) (State or country) Wingate Md.

MOTHER

15. MAIDEN NAME Maude Ponks

16. BIRTHPLACE (city or town) (State or country) Wingate Md

17. INFORMANT (Address) Mrs Bruce Horney Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md Date June 20, 1939

19. UNDERTAKER (Address) Frank E. Albaugh Cambridge Md

20. FILED 6-20, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939, to June 17, 1939

I last saw him alive on June 17, 1939; death is said to have occurred on the date stated above, at 6:58 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis with softening

Date of onset

Other Contributory Causes of importance:

Senility

Chronic Gall Bladder Disease

Name of operation None Date of 7/60

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Cambridge Md

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN